

Supplemental Application Data Sheet

Application Information

Application number::	10/799,941
Filing Date::	03/11/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1654
CD-ROM or CD-R?:	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?:	None
Computer Readable Form (CRF)?:	No
Number of copies of CRF::	
Title::	NOVEL MULTYPEPTIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS
Attorney Docket Number::	0019240.00477US2
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?:	Yes
Petition included?:	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martha
Middle Name:: G.
Family Name:: WELCH
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 952 Fifth Avenue - 7C

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: A.
Family Name:: RUGGIERO
Name Suffix::
City of Residence:: West Haven
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 601 Washington Avenue

City of mailing address:: West Haven
State or Province of mailing address:: CT

Country of mailing address::

Postal or Zip Code of mailing address:: 06516

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Muhammad

Middle Name::

Family Name:: ANWAR

Name Suffix::

City of Residence:: Spring Valley

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 12 Sarah Dr.

City of mailing address:: Spring Valley

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10977

Correspondence Information

Correspondence Customer Number:: 56949

Representative Information

Representative Customer Number:: 56949

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/518389	11/06/03

Foreign Priority Information

Assignee Information

Assignee name:: THE TRUSTEES OF COLUMBIA
UNIVERSITY IN THE CITY OF NEW YORK
Street of mailing address:: 412 Low Memorial Library
535 West 116th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10027